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ABSTRACT

This paper presents results of an evaluation study of the Fostering Individualized Assistance Program (FIAP), an effort to provide individualized wraparound supports and services to foster children with emotional/behavioral disturbances and their families (foster, biological, and/or adoptive). The program aims to stabilize child placement and improve child emotional and behavioral adjustment through means such as: (1) child and family assessment; (2) life-domain service planning; (3) clinical case management of individualized, wraparound supports and services; and (4) follow-along supports to maintain permanency. The study compared a sample (n=54) of children who received this individualized, wraparound process with a comparable sample of children who received standard services through the Florida foster care system. Findings indicated that: FIAP children were significantly less likely to change placements than comparison children; both groups showed significant improvement in emotional/behavioral adjustment over time; FIAP boys were more likely to show signs of delinquency than comparison boys; older FIAP youth were more likely than comparison youth to be in permanency settings; and school absences and suspensions were lower for FIAP youth. Recommendations for developing and implementing an individualized wraparound system of care are offered. (Contains 11 references.) (DB)

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Introduction Method Results Discussion References

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Introduction

Many children with emotional/behavioral disturbances are adjudicated dependent due to abuse and neglect and languish in the foster care system for years, frequently transferred from one residential placement to another, with little or no progress toward permanency or improved emotional/behavioral adjustment. To explore a possible solution to this situation, the Fostering Individualized Assistance Program (FIAP) was developed to provide individualized wraparound supports and services to foster children with emotional/behavioral disturbances and to their families (i.e., foster, biological, and/or adoptive). Outcome findings from a controlled study suggest that the FIAP intervention was somewhat more effective than standard foster care services in reducing delinquency and externalizing behaviors in boys and in significantly increasing the likelihood of permanency living arrangements for older youth.

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Method

The children who were included in this study were in foster homes or group shelter care at the start of the project and had, or were at risk of having, emotional/behavioral disturbances. These children, ages 7 - 15 as they entered the study, had been out of their homes for an average of 2.6 years and were changing placements at an average rate of four times per year. These children represented the most challenging 10% of the foster care population, having been provided few, if any, mental health and related services within the dependency system.

The FIAP goals for its children and families were to stabilize child placement, improve child behavioral and emotional adjustment, and achieve appropriate permanency placements. These goals were facilitated through four clinical components: (a) child and family assessment that addressed individualized strengths and needs; (b) life-domain service planning to support and enhance permanency plans; (c) clinical case management of individualized, wraparound supports and services; and (d) follow-along supports to maintain permanency. At the heart of the FIAP intervention were family specialists who served as family-centered, clinical case managers and home-based counselors, collaborating with parents and other family members, foster caseworkers, other providers (e.g., teachers, therapists, scout leaders), and foster parents. The family specialists followed and served their children across all settings, wrapping services around them, as needed. Our recommendations for individualized, family-focused practices have been published; however, it is important for the reader to understand that these recommended practices evolved over the course of this study (McDonald, Boyd, Clark, & Stewart, 1995).

The FIAP intervention was evaluated in a controlled, random-assignment study that compared a sample of at-risk children who received this individualized, wraparound process (FIAP group, n = 54) with a comparable sample of children who experienced practices that were standard in the Florida foster care system (SP group, n = 77).

Results

The major outcome results suggest that: (a) FIAP children were significantly less likely to change placements than were those in the SP group during the intervention period; (b) both groups showed significant improvement in their emotional/behavioral adjustment over time; (c) FIAP boys were more likely to show significantly lower rates of delinquency and better externalizing adjustment than their SP counterparts; and (d) the older FIAP youth were significantly more likely than SP youth to be in permanency settings with their parents, relatives, adoptive parents, or living on their own. The only statistically significant differences between the groups regarding school

differences between the groups regarding school performance were that extreme numbers of days absent were lower for the FIAP youth than for the SP youth, and extreme numbers of days of suspensions were lower for the FIAP group than for the SP group. Examinations of other community adjustment indicators, for subsets of youth who had any history of runaways or incarceration, suggest that the older FIAP youth spent, on average, fewer days per year on runaway or incarceration status during the post period than did the older SP youth (Clark, Lee, Prange, & McDonald, 1996; Clark et al., 1994; Clark et al., in press).

Discussion

Implications for Children's Systems of Care

Through this grant-funded research effort, FIAP has developed and refined an intervention strategy for improving the externalizing/delinquency adjustment of boys and the permanency placements of older youth with emotional and behavioral challenges who have been out of their homes for extended periods. These differential results were achieved even though a new governor and class action law suit provided new resources for the standard-practice foster care and adoption system during this study. It appears that the FIAP intervention strategy might be strengthened further by ensuring greater consistency in the individualized wraparound approach through more systematic use of family therapy and field supervision methods.

FIAP personnel are currently disseminating programmatic information, and providing staff training and technical assistance to improve practices in communities in Florida and in other states. The following recommendations may prove helpful in the reform of practices and policies regarding child-serving agencies for improving the humanness and effectiveness of systems serving children at risk and their families.

Recommendations

Foster care and mental health systems should maximize the likelihood of children remaining in their homes of origin, assuming their safety can be ensured, through the use of family preservation and family systems therapy (Henggeler et al., 1994). For those children who are at risk of having, or do have, emotional/behavioral disturbances and face extended stays within the dependency system (Boyd, Struchen, & Panacek-Howell, 1989; 1990), the FIAP Research Demonstration principals have formulated the following recommendations.

1. Implement an individualized wraparound intervention process that would be external to, but collaborative with, the foster care and mental health systems, to ensure that children with severe emotional disturbances who have been abused achieve appropriate permanency placements (McDonald et al., 1995).

- Establish a wraparound team for each child composed of key players in his/her life (e.g., biological parent, foster parent, teacher, foster counselor, therapist, aunt, and family specialist) to develop and modify service plans, monitor service provision and outcomes, and track progress toward permanency.
- Use family specialists (e.g., clinical case managers), empowered by the wraparound team, to provide child- and family-focused, wraparound services, with an outcome priority on permanency.
- Complete comprehensive assessments with the children and their families (e.g., natural, foster, relative, adoptive), to determine their strengths, needs, and clinical issues. This assessment information should guide the wraparound team in service delivery and permanency planning.
- Ensure that the family specialists and wraparound teams operate under a value of unconditional commitment, in that they will not deny services to a child, but rather adjust services and supports to meet the changing needs of children and their family circumstances (VanDenBerg & Grealish, 1996).

2. Remove all incentives for not providing effective, individualized, family centered care and treatment.

- Do not allow family specialists who work with this population (i.e., children with, or at great risk of having, severe emotional disturbance) to have more than 10 children on their active case loads, keeping in mind that even those children who have been placed in permanent settings will continue to need follow along services. The active caseload of 10 is contingent upon the family specialists not having to provide all of the in-home and out-of-home therapeutic services. They should be in a position to broker and monitor numerous supports and services (e.g., home-based behavioral support therapist, after school mentor, family systems therapist).
- Do unconditionally commit to the development, implementation, evaluation, and follow along of individualized, family-focused services. Provide family specialists with adequate and flexible funds so they are able to address crucial service areas for both child and family (e.g., arrange sexual abuse therapy to occur immediately for victims; purchase of a refrigerator for a mother may remove the remaining barrier to family reunification). Further empower the family specialists with monitoring, facilitating, trouble-shooting, and on-the-spot decision-making authority regarding the implementation of service plans (to be confirmed, or later modified, by the wraparound team).
- Protect against premature, facile, or unsupported Termination of Parental Rights, by careful,

Termination of Parental Rights, by careful, strength-based team review of all such proposals. Similarly, do not specify a permanency plan without a carefully wrought, outcome-oriented service plan attached.

- Do include biological families, as well as foster families, in all planning and decision making. Provide the wraparound team with authority to determine the service and permanency plans that will be submitted to the foster care supervisor and presented to the court.
- Provide family specialists, who have professional training and experience in the provision of culturally sensitive individualized services, with weekly clinical supervision of their case loads and with field supervision on a bi-monthly basis. Identify additional professional expertise (e.g., family systems therapy, behavioral support intervention, sexual abuse therapy) to tap, as needed, for staff training and consultation and/or for direct family services.

3. Link permanent parents with naturally occurring supports in those areas of need which are crucial to successful permanency maintenance of each child in his/her eventual home.

4. Work specifically toward the long-term goal of having each permanency family be its own case manager, averting situations that could cause recidivism or the need for additional services in order to retain the child in his/her permanent home. Be certain to contact each permanent family at planned intervals, to provide support where needed, until self-reliance is reasonably predictable.

5. While stringently monitoring each child's progress towards permanency placement, allow the wraparound team to exceed the legislatively mandated time constraints, as needed (e.g., maximum of 18 months in foster care).

6. Do not allow any more movements of a child from foster home to foster home, and school to school, than absolutely necessary.

7. Use level of severity, age, sex, and number of children as essential determinants of where each child is placed, avoiding inappropriate, dangerous, or combustible mixes (e.g., do not place young, naive, children with older, street-wise youth).

8. Advocate with school staff to ensure that each child is receiving all appropriate services in the least restrictive environment possible. Assist in linking parent and teacher (guidance counselor) to improve the possibility of a coordinated set of services.

9. Advocate for the foster care system to develop and/or expand its use of treatment foster care homes (Chamberlain

& Reid, 1991; Meadowcroft & Trout, 1990; Mikkelsen, Bereika, & McKenzie, 1993).

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